Revisions of Psychiatric Diagnoses (DSM-V)

and New Evidence for Their Psychopharmacologic Treatment

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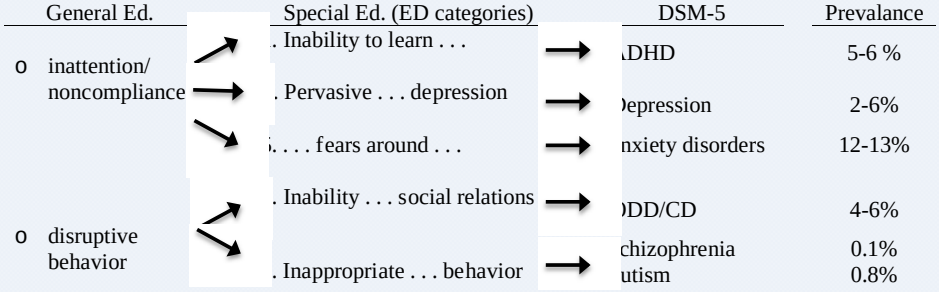
"If you have any mental-health issues you'd like to discuss, now would be a good time."

Special Education Pathway to DSM-5



History and Process

DSM		
	1	1952
	2	1968
	3	1980
	3R	1987
	4	1994
	4 TR	2000
	5	2013

- DSM-5 revision began 2007
- Main Task Force
- Subcommittees for dx or clusters
- Tentative criteria published
- Public hearings/input
- Field Trials began 2010
- Final voting

DSM-5

1. Much more emphasis on context/social relationships in dx
2. Avoid "rush-to-judgment" diagnosis (influenced by need to medicate or other pressures) . . . "getting to know you"
3. Increased focus on age, gender, ethnicity, culture
4. Eliminate "axis" concept in favor of such things as client's insight about his/her disorders (dystonic v. syntonic)
5. More careful assessment of functional impairment (CAFAS)

Lumpers	vs.	Splitters
ADHD		ODD
Depression		CD
Autism		Anxiety disorders TDDD, NSSI etc.

"Don't make me come over there!"

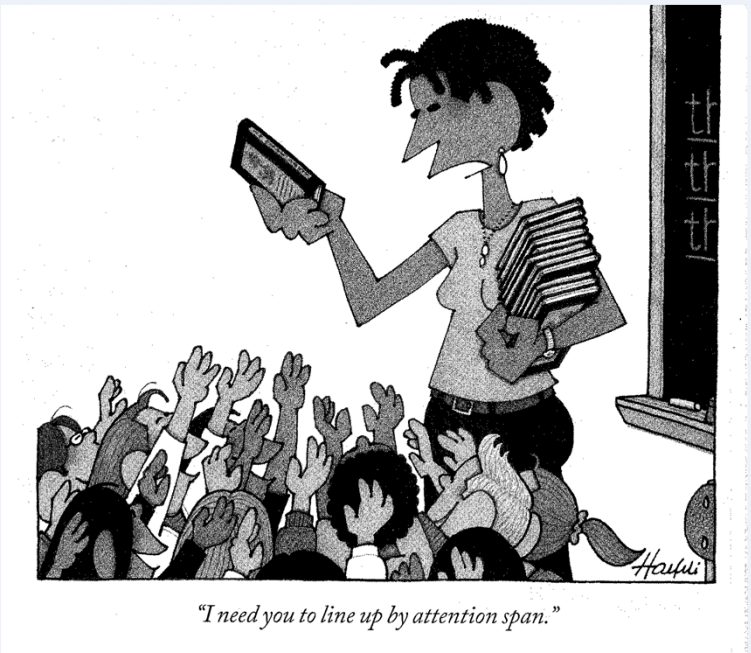
Oppositional Defiant Disorder

Current ODD	1. loses temper	5. blames others
	2. argues with adults	6. touchy, easily annoyed
	3. noncompliance	7. angry, resentful
	4. deliberately annoys	8. spiteful, vindictive

Adds a specifier for *anger/irritability* subtype (AIS) if sufficient symptoms (Sx) such as # 1,6,7 among the 4 of 8 required. Some evidence that such children have more severe ODD as well as more comorbid Sx of depression/anxiety.

Conduct Disorders

- **Current CD** requires at least 3 of 18 Sx across aggressive, destructive, deceitful, or rule-violating behaviors
- Adds a specifier for *callous and unemotional subtype* (CES) by adding or rewording Sx that indicate psychopathic traits. Some evidence that such children are particularly aggressive, have severe antisocial tendencies, and a poorer prognosis



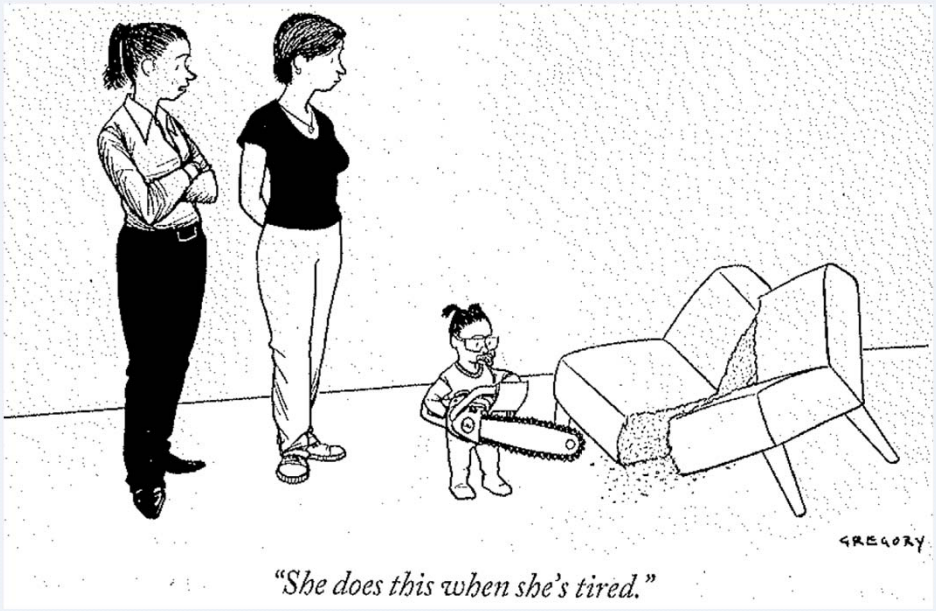
"I need you to line up by attention span."

Attention Deficit Hyperactivity Disorder

- **Current ADHD** requires 6 of 9 Sx either of inattention and/or of hyperactivity/impulsivity, lending to subtypes of ADHD Inattentive, ADHD Hyperactive/Impulsive, or ADHD Combined.
- Changes: (1) *elimination* of subtypes, (2) addition of 4 new *impulsivity* Sx, (3) raising *age* of onset from "symptoms must be present before 7 years" to "12 years," and (4) reducing minimum Sx needed for hyperactivity/impulsivity in *adults*.

Depressive Disorders

- **Current Depressive Disorder** is built off of 5 of 9 Sx comprising a "major depressive episode" lasting at least 2 weeks with either anhedonia (lack of interest or pleasure) and/or depressed mood (in children this can be a "irritable" mood) required as one of the 5. These Sx will now be known as "criteria," and actual Sx will include meeting the episode criteria plus other specifiers.
- Proposed *elimination* of the current bereavement exclusion and possible *addition* of a diagnosis termed "Mixed Anxiety Depression" requiring only 3 or 4 Sx of depression concurrently (for 2 weeks) with 3 or 4 Sx of "anxious distress" (such as irrational worry, trouble relaxing, etc.). Some evidence that it leads to longer depressive episodes and greater suicidality.



Temper Dysregulation Disorder with Dysthymia

Severe, recurrent temper outbursts (rages or aggression, out of proportion, and developmentally inconsistent) meeting certain criteria:

1. 3 or more per week
2. negative mood between outbursts (irritable, angry, sad)
3. observable in at least 2 settings
4. duration of at least 12 months (fewer than 3 without)
5. child older than 6 but onset before age 10
6. no manic mood longer than 1 day

Intended to clear up controversy with *pediatric bipolar disorder*, in that this dx predicts later depressive or anxiety disorders rather than bipolar disorders and is more responsive to SSRI medication than to lithium.

Autism Spectrum Disorder

1. Clinically significant, persistent deficits in *social communication and interaction* manifested by
   a) Marked deficits in nonverbal and verbal social communication
   b) Lack of social reciprocity
   c) Failure to develop and maintain peer relationships
2. Restricted, repetitive patterns of behavior, or interests (2 of 3):
   a) Stereotypies or unusual sensory behaviors
   b) Excessive adherence to routines or ritual behavior patterns
   c) Restricted, fixated interests
3. Sx must be present in early childhood (but may not be fully present until social demands exceed limitations)

Note that it supersedes autistic disorder, Aspergers, Rett's, PDD and that 3 domains become 2. ADHD can now be comorbid. Some evidence that overall prevalence may decrease

Other Diagnoses

- **Separation anxiety disorders** can now be diagnosed *in adults* (eliminates: no "onset before age 18," adds "work" to "school").
- **PTSD** can now be diagnosed in preschoolers by allowing *indirect* experience of trauma happening to relatives/friends.
- **Non-suicidal Self Injury** (NSSI) diagnosis allows self-mutilation to be diagnosed independently of borderline personality disorders (usually in conjunction with anxiety or depressive disorders). Some evidence that NSSI is *not* predictive of suicidality.
- Learning disorders now becomes **learning disabilities** (difficulties in achieving basic academic skills in individuals with at least average abilities). Subsumes disorders of written expression and LD NOS.

"If you were slipping inexorably into psychosis, you'd tell me, wouldn't you?"

Conclusions

1. Generally more comprehensive, thoughtful, developmental approach to diagnosis.
2. Provides more explicit examples of symptoms (Sx).
3. Much more emphasis on dx = 5x + Sx (functional impairment)
4. Eliminates "Not Otherwise Specified" (NOS) diagnoses in favor of "Conditions Not Elsewhere Classified" (CNEC)
5. Tendency to eliminate some personality disorders and categorize them as traits that may compromise dx or tx.
6. Some changes may occur when ICD-11 published, and a "DSM-5.1" is probably pending (2 year transition).
7. Recommend Ken Gadow's forthcoming DSM-based Dx checklist (ECI, CSI & ASI).
8. APA website= *http://www.dsm5.org*

"I think the dosage needs adjusting. I'm not nearly as happy as the people in the ads."

Representative Medications by Class and Subclass

Drug Class	Sub-Class	Representative Medications
Drugs for ADHD	Stimulants	Ritalin, Dexedrine, Concerta, Focalin
	Non-Stimulants	Strattera, Intuniv, Kapvay
Antidepressants	SSRIs/SSNRIs	Prozac, Zoloft, Cymbalta, Lexapro, Viibryd,
	Atypical	Wellbutrin, Nefazodone, Effexor
	TCAs	Tofranil, Amitriptyline, Norpramin
	MAOIs	Marplan, Nardil, Parnate
	Mood Stabilizers	Lithium, Symbyax
Anxiolytics	Benzodiazapines	Valium, Xanax, Ativan, Klonopin
	Adrenergics	Inderal, BuSpar, Catapres
Antipsychotics	Atypical	Zyprexa, Abilify, Clozaril, Invega
	Conventional	Haldol, Navane, Orap

Child Psychopharmacology Algorithms*

Diagnoses	1st line	2nd line	3rd line
ADHD	Stimulants	non-stimulants	Atypical antidepressants
Depression	SSRIs	Atypical antidepressants	Lithium augmentation
Anxiety	SSRIs	Anxiolytics	
Schizophrenia	Atypical antipsychotics	Conventional antipsychotics	

*Persistent side effects (stomachaches, headaches, insomnia, irritability, etc.) may affect treatment decisions. Newer antipsychotics (e.g. Risperdal, Zyprexa, Latuda,) may be used as 3rd or 4th line medications for some diagnoses.

"The drug has, however, proved more effective than traditional psychoanalysis."

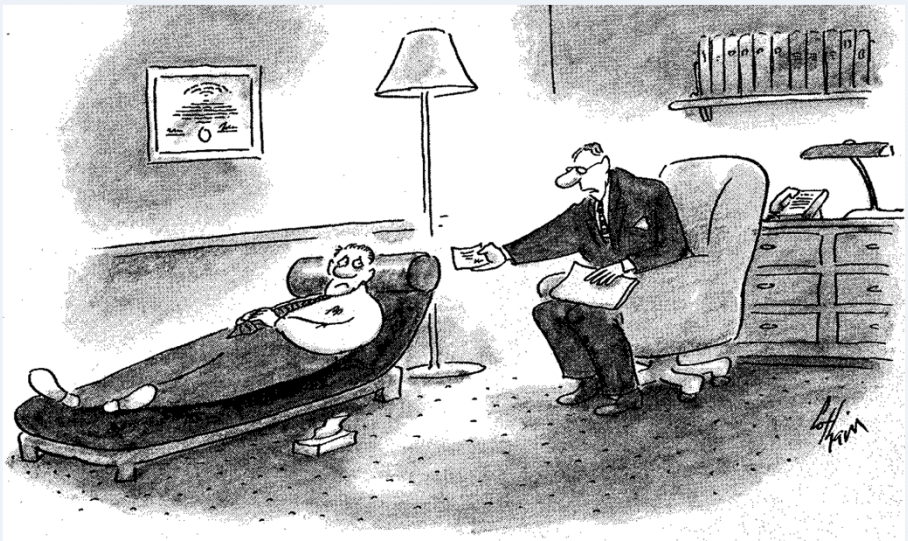
Randomized Clinical Trials for Combined Treatments for ADHD*

Study	MTA		MPT	STP	PATS
Sample size	N=579	N=485	N=103	N=36	N=279
Age	7-9 yrs	follow-up	7-9 yrs	5-6 yrs	3-5 yrs
Duration	14 months	36 months	24 months	8 weeks	16 months
Responders:					
Combined	68%	52%	86%	72%	22%
Medication	56%	44%	83%	N/A	N/A
Behavioral	34%	42%	N/A	28%	28%
Control	25%	42%	85%	N/A	N/A

"Could we up the dosage? I still have feelings."

Randomized Clinical Trials for Combined Treatments for Depression or Anxiety Disorders

Study	TADS		TORDIA	POTS	CAMS
Sample size	N=439	N=327	N=334	N=112	N=488
Age	12-17 yrs	follow-up	12-18 yrs	7-17 yrs	7-12 yrs
Duration	12 weeks	36 weeks	12 weeks	12 weeks	12 weeks
Responders:					
Combined	71%	86%	55%	54%	81%
Medication	61%	81%	40%	21%	55%
Cog/Behavioral	43%	81%	N/A	39%	60%
Placebo	35%	N/A	N/A	4%	24%



"I medicate first and ask questions later."